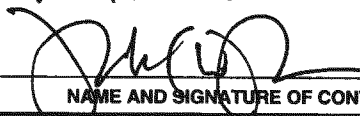


TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE					DATE 09/09/2016		TRANSMITTAL NO. 00350-78	
For use of this form, see ER 415-1-10; the proponent agency is CECW-CE.								
SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS (This section will be initiated by the contractor)								
TO: NEW BEDFORD RESIDENT OFFICE 103 Sawyer Street New Bedford, MA 02746-2448			FROM: Jacobs Engineering 55 Old Bedford Road Lincoln, MA 01773		CONTRACT NO. W912WJ-14-D-0002 0001		CHECK ONE: <input checked="" type="checkbox"/> THIS IS A NEW TRANSMITTAL <input type="checkbox"/> THIS IS A RESUBMITTAL OF TRANSMITTAL _____	
SPECIFICATION SEC. NO. (Cover only one section with each transmittal) 00350 Field Season Plans/Reports			PROJECT TITLE AND LOCATION 01-Main Register Interim RAC New Bedford Harbor Superfund New Bedford/Fairhaven			THIS TRANSMITTAL IS FOR: (Check one) <input checked="" type="checkbox"/> MD <input type="checkbox"/> GA <input type="checkbox"/> DA <input type="checkbox"/> CR <input type="checkbox"/> DA/CR <input type="checkbox"/> DA/GA		
ITEM NO. (See Note 3) a.	DESCRIPTION OF SUBMITTAL ITEM (Type size, model number/etc.) b.	SUBMITTAL TYPE CODE (See Note 8) c.	NO. OF COPIES d.	CONTRACT REFERENCE DOCUMENT		CONTRACTOR REVIEW CODE g.	VARIATION Enter "Y" if requesting a variation (See Note 6) h.	USACE ACTION CODE (Note 9) i.
				SPEC. PARA. NO. e.	DRAWING SHEET NO. f.			
77	Jacobs Cmts on Phase III Rem Action Plan	SD-12	7			A		
REMARKS Distribution: Email USACE Concord: Ellen Iorio; EPA: Ginny Lombardo, Elaine Stanley; Jacobs Transmittal Only: Anita Rigassio Smith, Steve Fox; Hard Copies: Site File, Document Control; Jacobs DCN: ACE-J23-35BG1001-G2-0207				I certify that the above submitted items have been reviewed in detail and are correct and in the strict conformance with the contract drawings and specifications except as otherwise stated. MICHAEL W. MORRIS  NAME AND SIGNATURE OF CONTRACTOR				
SECTION II - APPROVAL ACTION								
ENCLOSURES RETURNED (List by item No.)			NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY				DATE	